

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Medical Review Division regarding a medical fee dispute between the requestor and the respondent named above.

I. DISPUTE

1.
 - a. Whether there should be reimbursement for date of service 08/28/01.
 - b. The request was received on 07/19/02.

II. EXHIBITS

1. Requestor, Exhibit I:
 - a. TWCC-60 and letter requesting medical dispute resolution
 - b. HCFA-1500
 - c. TWCC-62 forms
 - d. Medical Record
 - e. Any additional documentation submitted was considered, but has not been summarized because the documentation would not have affected the decision outcome.
2. Respondent, Exhibit II: No Response
3. The case file does not contain additional information from the provider as required by Rule 133.307 (g) (3). The additional information request was mailed to the provider on 08/08/02. Without the provider's additional information, the Austin Division cannot comply with Rule 133.307 (g) (4) by forwarding a copy of the provider's additional information to the carrier. The case file does not contain any carrier responses. The Austin Division mailed the carrier a notice that the medical dispute was filed on 08/05/02.

III. PARTIES' POSITIONS

1. Requestor: Letter dated 07/18/02
"Regarding the date of service for 08/28/01, the charges are for an initial evaluation, which according to the EOB...are denied for 'preauthorization not obtained'. The three components for this initial evaluation are not one of the sixteen items under TWCC Rule 134.600 that requires preauthorization; therefore preauthorization for this service was not obtained."
2. Respondent: No Response

IV. FINDINGS

1. Based on Commission Rule 133.307(d) (1) (2), the only date of service eligible for review is 08/28/01.

2. Per the provider's TWCC-60, the amount billed was \$400.00; the amount paid was \$0.00; the amount in dispute is \$400.00.
3. The carrier denied the billed services by code:
 “* A, 240 PREAUTHORIZATION NOT OBTAINED.”
4. The following table identifies the disputed services and Medical Review Division's rationale:

DOS	CPT or Revenue CODE	BILLED	PAID	EOB Denial Code(s)	MARS	REFERENCE	RATIONALE:
08/28/01 for all CPT codes	90801 90825 90889	\$180.00 \$60.00 \$160.00	\$0.00 for all CPT codes	A A A	\$3.00/min \$2.00/min \$2.00/min	Rule 134.600 (h) (4); Rule 133.1 (a) (4); CPT descriptors	In accordance with Rule 134.600 (h) (4) and the CPT code descriptors, the services billed did not require preauthorization. Rule 133.1 (a) (4) indicates the date of service shall be the actual date on which the health care provider provided treatments and/or services to an injured employee. The provider's Table of Disputed Services, the HCFA-1500, the TWCC-62 form, the letter requesting medical dispute resolution dated 07/18/02, and the request for reconsideration dated 11/29/01 declare the date of service as 08/28/01 , but the medical documentation report submitted by the provider is dated 08/29/01 . Since the date of service on the documentation submitted by the provider and the date of service listed on the Table of Disputed Services are different, no reimbursement is recommended.
Totals		\$400.00	\$0.00				The Requestor is not entitled to reimbursement.

The above Findings and Decision are hereby issued this 12th day of December 2002.

Donna M. Myers
 Medical Dispute Resolution Officer
 Medical Review Division

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